

An Explanation of How a Therapy Assistant Practitioner (TAP) Can Promote Person Centered Care Within Their Own Workplace.

Person-centered care is taking a holistic approach to caring for and treating a patient as an individual with their own unique needs. Not only looking at the physical symptoms, but on the social and environmental situation and how they can treat or prevent future occurrences. (Harris, M.2021)

The role of a TAP within the Accident and Emergency (A&E) department is a new one within Hywel Dda University Health Board. The TAP works in the Intermediate Care Team (ICT) which consists of Occupational Therapists (OT), Physiotherapists (PT) and District Nurses (DN), but also work closely with a front of house dietitian. This allows the TAP to experience therapy training from a more holistic approach, looking at the social, environmental, and physical side of caring for a patient.

Patients are referred to ICT by A&E doctors and by the medic's team doctors working within the A&E department. Each patient's medical notes are looked at before delegated. Caseload management is normally done as part of a team prioritizing patients who have been there the longest and whether they are medically fit for discharge. The TAP will be delegated to start the person-centered care plan by starting a Comprehensive Geriatric Assessment (CGA) form. The CGA forms are an important document not only containing patients' medical but also therapy notes within them to help with further treatment/care plans. These forms collect a lot of personal information which the TAP must abide by the Data Collection Guidelines in the Data Protection Act 1998 and Patient Confidentiality when filling in (Welsh Assembly Government and NHS Wales, 2005). The forms consist of the reasons why the patient has attended A&E, past medical history, medications being taken and any known allergies, which can all be accessed from the medical notes prior to seeing the patient. The TAP using their communication skills, knowledge of safe guarding, information governances, record

management, mental capacity act training, Treat me fairly, violence and aggression training, as well as following the Health Care Professions Council Standards of Conduct, Performance and Ethics (Health and Care Professions Council, 2021) will introduce themselves, explain what they would like to do, ask for permission and proceed to discuss the questions on the CGA form. These questions give a better understanding of the patients' current and last two weeks physical, social, and environmental situation. If the patient appears confused or they have scored high on the 4AT Delirium screening test they will be asked consent for the TAP to contact the next of kin, carer or close friend who could answer the questions on their behalf. Some of the questions asked are whether the patient has a package of care, who they live with, do they have any family that live close by, how do they normally mobilize at home, whether they live in a house/flat/bungalow, have they got any adaptations to their home or any equipment that helps them? Are there any areas that they struggle with such as washing & dressing, making food for themselves, going to the toilet, or getting in and out of bed? All this information will then be relayed to the qualified therapist before the TAP helps with the physical assessment of the patient and producing a plan of action with the patient, offering advice, and asking consent to refer to other services or ordering equipment if needed and wanted. The TAP can then refer to additional services for further help such as social services for an assessment for a package of care, or pivot who can help with many things some being arranging befriending services if they are lonely, help with filling out benefit forms and helping with shopping are just a few. The TAP can also order equipment that can be delivered that can aid the patient within their home increasing independence and reducing injuries.

Physical assessments can be delegated to the TAP by the qualified therapist if the patient's medical condition is stable and the TAP is deemed competent in knowledge and training to conduct strength, balance testing and mobilizing the patient in a safe respectable manner considering the Hywel Dda University Health Boards code of Ethics and Values (Hywel Dda University Health Board, 2018). On some caseloads the qualified therapist, after reviewing the patient's CGA form, can prescribe an aid or exercise for the TAP to use with the patient. The TAP can change this prescription for a more suitable one depending on the results from the strength/balance testing and on the personal goal of the patient. For example, when having a

'What Matters' conversation (Social Care Wales,2022) with the patient they have said that they normally use 1 stick and really do not want to use a Rollator Zimmer Frame (RZF), but on initial testing with 1 stick was to unbalanced but did not need a frame for weightbearing. The TAP can suggest trying to use 2 sticks and repeating the 180-balance test and mobilizing. They can also offer the patient the choice of being referred to community physiotherapy to continue with physical therapy within their home to try to get them back to walking with 1 stick. Due to retesting balance and patient weightbearing, the TAP has justified the new prescription change and has considered what the patient wants but in a positive risk-managed way.

When on initial assessment the patient's condition is worse than first expected or the patient has challenging behavior. The TAP will be able to get supervision and guidance from the qualified therapist and reflect on the assessment afterwards while writing SOAP notes in the CGA forms. The TAP is responsible for their own actions when deemed competent through training often independently undertaking tasks the registered practitioner has delegated them, so it is their responsibility to know their limitations to their knowledge and skills level also to their job role and should know when to ask qualified therapists for help when needed (Health and Cares Professions Council, 2018) (Royal College of Occupational Therapists, 2019)(The Chartered Society of Physiotherapy, 2023). Band 6 and band 7 therapists are there to support and advise the TAP with training limitations but also to help reflect on the more challenging and complex patients that need a qualified therapist. For example, the TAP has been delegated to mobilizing a patient who is from a nursing home and has been having frequent falls, they normally walk independently with a RZF, they were deemed as medically fit for discharge and waiting for the ICT to give the patient a mobility assessment. On prior inspection of the nurse's notes and discussion with the nurse looking after the patient it is reported that the patient has had a further fall in the hospital causing hip pain. This information must be relayed back to the qualified therapist to change the plan of action, as the patient will now need more x-rays and the qualified therapist to check these for breaks before assessing the patient. The TAP can then accompany the registered practitioner in assessing the patient, discussing the best care plan and help with relaying assessment results to the doctor and nurse looking after the patient. Also updating the navigator in charge of the shift in A&E that day.

On conclusion the TAP within the A&E department has a more personal, individualized approach to caring for the patients they have been given responsibility for by the registered practitioner to treat. This is mostly due to the time spent communicating with the patient, finding out their needs on a physical, social and environmental level, giving the patient more continuity of care and a sense of being heard and being included in the management of their own treatment plan. The TAP also becomes an advocate for the patient when relaying information about their care needs to other medical staff and the qualified practitioner.

References.

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